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## **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

		For Oth	er inan An Au	inorizea	Commit	tee		Office U	se Only	
1.			MAILING LABEL OR PRINT		nple:If typin the lines	g, type		• • • •		
	VOTEVETS									
						1 1 1	1 1 1	1 1 1 1 1		
AD	DRESS (number and street)	1831 E	say Street, SE							
	Check if different than previously reported. (ACC)	Washii	ngton				DC		20003	
2.	FEC IDENTIFICATION NUM	BER 1	<b>C</b> I	TY 🛕			STATE	<b>L</b>	ZIPCOD	E 🛋
	C00418897			IS THIS REPORT		NEW (N) <b>OF</b>	R X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	`´R	ue On:	b 20 (M2) ar 20 (M3)		May 20 (M	5)	Aug 20 (M8) Sep 20 (M9)	Ă	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q: July 15 Quarterly Report(Q: October 15 Quarterly Report(Q:	2) (c)		H	Primary (12 Convention		Ge	Oct 20 (M10) neral (12G) ecial (12G)	$\overline{}$	Jan 31 (YE) Runoff (12R)
	January 31 Quarterly Report(YE		Elect	ion on	0 9	0 1	2009		in the State of	CA
	July 31 Mid-Year Report(Non-electior Year Only) (MY)  Termination Report (TER)		Post -Election Report for the:	ion on	General (30	0G)	Rui	noff (30R)	in the State of	Special (30S)
5.	Covering Period 0 7	0	2009		through	0.8	1 2	2009		
	ertify that I have examined this For or Print Name of Treasurer	•	to the best of my ki Granato	nowledge a	nd belief it i	s true, corre	ect and com	plete.		
Sig	nature of Treasurer Electron	nically Filed	d by Peter Grana	to			Date	02 1	6	2010
NO	TE : Submission of false, erron	eous, or ir	ncomplete information	on may sub	ject the per	son signing	this Report	to the penalties	s of 2 U.S	.C 437g.
	Office Use							I	FORN	

FE6AN026

A. Form/Schedule: F3XA

Transaction ID:

The expenditures listed as Strategic Management Services on Schedule B were not made on behalf of any federal candidates and were properly disclosed on the corresponding disbursement schedule of the report. The expenditures disclosed on Schedule B for Communications Services are not public communicationsor voter drive activity containing express advocacy. These expenditures were made exclusively to support the activities of VoteVets.

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

3 / 19

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

**VOTEVETS** D 12 07 0 1 2009 0.8 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 123248.55 January 1 (b) Cash on Hand at 70868.48 Begining of Reporting Period ..... 4132.90 32175.09 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 75001.38 155423.64 6(a) and 6(c) for Column B) ..... 10967.25 91389.51 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 64034.13 64034.13 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 19

Write or Type Committee Name

**VOTEVETS** 

Report Covering the Period:

м м 0 7

From:

D D 1

<sup>Y</sup> 2009

To:

м м 8 0 D D 12

<sup>Y</sup> 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	2000.00	10889.01
(ii) Unitemized	2112.00	16265.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4112.00	27154.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	5000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4112.00	32154.19
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	20.90	20.90
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4132.90	32175.09
. Total Federal Receipts (subtract Line 18(c) from Line 19)	4132.90	32175.09

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0010.05	40004 54
	Expenditures(c) Total Operating Expenditures	6812.25	48234.51
	(add 21(a)(i), (a)(ii) and (b))	6812.25	48234.51
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
٥.	Federal Candidates/Committeesand Other Political Committees	3000.00	42000.00
4.	Independent Expenditure		
=	(use Schedule E)	0.00	0.00
).	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule r)		
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	1155.00	1155.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	1155.00	1155.00
	(add Lines 28(a), (b), and (c))	1100.00	1100.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10967.25	91389.51
^	Total Cadaval Diskura are set		
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	10967.25	91389.51

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 19

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
33. Total Contributions (other than loans) from Line 11(d), page 3)	. 4112.00	32154.19			
4. Total Contribution Refunds (from Line 28(d))	1155.00	1155.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2957.00	30999.19			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6812.25	48234.51			
7. Offsets to Operating Expenditures (from Line 15, page 3)	20.90	20.90			
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6791.35	48213.61			

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  VOTEVETS	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Mabry  Mailing Address 915 S. Mooney Blvd.		Date of Receipt    M   M   D   D     Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: C18261694
Visalia  FEC ID number of contributing federal political committee.	CA 93277	Amount of Each Receipt this Period  1000.00
Name of Employer Information Requested  Receipt For:  Primary General  Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date  1000.00	]
Full Name (Last, First, Middle Initial) Patrick Pound Mailing Address 3009 44th St E	Date of Receipt  0 7 0 7 2 0 0 9	
City	State Zip Code	Transaction ID: C18109194
Tacoma	WA 98443-1611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer U.S. Army	Occupation Master Planner	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	]
Full Name (Last, First, Middle Initial) Harry Kamen		Date of Receipt
Mailing Address 910 Park Avenue	·	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City New York	State Zip Code NY 10075	Transaction ID: C18109078A  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer N/A	Occupation Retired	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	* Earmarked Contribution: See Below
SUBTOTAL of Receipts This Page (optional)		2000.00

# **SCHEDULE A (FEC Form 3X)**

FOR LINE NUMBER: PAGE 8/19 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **VOTEVETS** Full Name (Last, First, Middle Initial) ACTBLUE Date of Receipt Mailing Address PO Box 382110 8 0 02 2009 City State Zip Code Transaction ID: C18109078AB Cambridge MA 02238-2110 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C C00401224 federal political committee. Name of Employer Occupation Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date [MEMO ITEM] General Primary Note: Above Contribution earmarked through this or-1384.00 Other (specify)

ganization.

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	2000.00

SCHEDULE B (FEC Form 3X)		Use separate schedule(		FOR LINE NUMBER: PAGE 9 / 19 (check only one)							
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 23 28a 28b	24 25 2 28c 29 3					
	y Information copied from such Reports and State for commercial purposes, other than using the na										
<b>&gt;</b>	NAME OF COMMITTEE (In Full) VOTEVETS		<u></u>			<u> </u>					
	Full Name (Last, First, Middle Initial) ADP				Transaction ID  Date of Disburs	ement					
	Mailing Address 99 Jefferson Rd, Mail S	Stop 220			0 7 / 0	08 7 2009					
	City Parsippany	State Zip Code NJ 07054			Amount of Each	n Disbursement this Period					
	Purpose of Disbursement Payroll Fees Candidate Name			ategory/		62.97					
		sement For: Primary General Other (specify)		Type							
	Full Name (Last, First, Middle Initial) ADP				Transaction ID Date of Disburs	ement					
	Mailing Address 99 Jefferson Rd, Mail S		07 / 0	14							
	City Parsippany	State Zip Code NJ 07054			Amount of Each	Disbursement this Period					
	Purpose of Disbursement Payroll Taxes Candidate Name					185.47					
	Candidate Name			ategory/ Type							
	Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)									
	Full Name (Last, First, Middle Initial) ADP				Transaction ID  Date of Disburs						
	Mailing Address 99 Jefferson Rd, Mail S	itop 220			07 7 2	22 7 2009					
	City Parsippany	State Zip Code NJ 07054			Amount of Each	n Disbursement this Period					
	Purpose of Disbursement Payroll Fees					60.97					
	Candidate Name		]	ategory/ Type							
	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	•								
_	UBTOTAL of Disbursements This Page (optional	)		▶		309.41					

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			_		NE NUMBER: PAGE 10 / 19 only one)							19	
	EMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page		X	21b 27	22 28a		23 28	3b		Вс		25 29	2 3
	ny Information copied from such Reports and Statem for commercial purposes, other than using the name														3
	NAME OF COMMITTEE (In Full)  VOTEVETS	s and addre	oo or ary pomioa				, , , , , , , , , , , , , , , , , , ,				040				
	Full Name (Last, First, Middle Initial) ADP										D37	796 <sup>°</sup>	71		
	Mailing Address 99 Jefferson Rd, Mail Sto	p 220					0	7 <sup>M</sup>	/	<sup>D</sup> 3	0 /	Y	ž	o ŏ s	) Y
	City Parsippany	State NJ	Zip Code 07054				Amo	ount	of E	ach	Disbu	rser	-		Period
	Purpose of Disbursement Payroll Fees								_				18	35.47	
	Candidate Name				ateg										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General <b>▼</b>												
_	State: District: Full Name (Last, First, Middle Initial)														
	ADP									urse	D37 ment	796	72		
	Mailing Address 99 Jefferson Rd, Mail Sto	p 220					O <sup>M</sup> 8	3 M	′	0	<b>5</b> /	Y	ž	o ŏ s	) Y
	City Parsippany				Amo	ount (	of E	ach	Disbu	rser	nent	this F	Period		
	Parsippany NJ 07054 Purpose of Disbursement Payroll Fees												6	60.97	7
	Candidate Name			ateg											
	Senate President	ement For: Primary Other (spe	General ecify) ▼												
_	State: District: Full Name (Last, First, Middle Initial)						Trar	sac	ion	ID:	D37	796	76		
	Ampersand Consulting						Date			urse	ment	Υ		Y	Υ
	Mailing Address 158 44th Street						0 7		L	2	<b>3</b> /		2	0 ŏ s	9
	City Pittsburgh	State PA	Zip Code 15201				Amo	ount (	of E	ach	Disbu	rser	-		Period
	Purpose of Disbursement Website Management Fee										-		63	34.50	)
	Candidate Name			ateg Typ											
	Senate President	ement For: Primary Other (spe	General <b>▼</b>												
	State: District:														
١,	SUBTOTAL of Disbursements This Page (optional)					<b>•</b>							88	0.94	

В.

C.

## **SCHEDULE B (FEC Form 3X)** ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 11/19 Use separate schedule(s) (check only one) for each category of the 21b 22 23 24 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) **VOTEVETS** Full Name (Last, First, Middle Initial) Transaction ID: D379679 AT&T Mobility Date of Disbursement o<sup>™</sup> 7 зŏ 2009 Mailing Address PO Box 6463 City State Zip Code Amount of Each Disbursement this Period Carol Stream 60197 IL 47.06 Purpose of Disbursement Mobile Phone Service Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D379663 Bank of America Date of Disbursement 0 1 0 7 2009 Mailing Address 56 E 42nd St City State Zip Code Amount of Each Disbursement this Period New York 10017-5407 NY 106.98 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Туре Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D379665 Bank of America Date of Disbursement 03 2009 Mailing Address 56 E 42nd St City State Zip Code Amount of Each Disbursement this Period New York NY 10017-5407 124.77 Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 278.81 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

TOTAL This Period (last page this line number only) ......

5	CHEDOLE B (F	EC Form 3X)	Use sep	arate schedule(s)	FOR LINE		PAGE 12/19		
IT	EMIZED DISBU	IRSEMENTS	for each	category of the Summary Page	(check only 21b 27	22 23 28a 28b	24 25 2 28c 29		
	ny Information copied from				by any person for	or the purpose of s	oliciting contributions		
$\sum_{i}$	NAME OF COMMITTE VOTEVETS		e name and addre	ess of any political	Committee to sor	icii contributions n	om such commutee		
_	Full Name (Last, First,					Transaction ID	: D379675		
	Blackrock Associate				Date of Disburs	D / V V V V			
	Mailing Address 19	936 University Ave uite 191	<del>)</del> .		0 7	2009			
	City Berkeley		State CA	Zip Code 94704		Amount of Each	n Disbursement this Period		
	Purpose of Disburseme Database Software & S						175.00		
	Candidate Name				Category/ Type				
		Senate President	sbursement For: Primary Other (sp	General ecify) ▼	турс				
	State: Dist Full Name (Last, First,						D07007		
	Eric Schmeltzer	wildale milial)				Transaction ID Date of Disburs	ement		
	Mailing Address 75	5 Sutton St 1				07 / 0	14 7 2009		
	City Brooklyn		State NY	Zip Code 11222-4403		Amount of Each	Disbursement this Period		
	Purpose of Disburseme					300.00			
	Candidate Name			Category/ Type					
		Senate President	bursement For: Primary Other (sp	General ecify) ▼	7,7,2				
_	Full Name (Last, First, Eric Schmeltzer					Transaction ID Date of Disburs	ement		
	Mailing Address 75	5 Sutton St				07 / 03	30 / 2009		
	City Brooklyn		State NY	Zip Code 11222-4403		Amount of Each	n Disbursement this Period		
	Purpose of Disburseme Communications Service				-		300.00		
	Candidate Name			Category/ Type					
		Senate President	Sbursement For: Primary Other (sp	General ecify) ▼					
	State: Dist	rict:							
		nents This Page (opti					775.00		

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			_		NE NUMBER: PAGE 13 / 19 only one)							19	
	EMIZED DISBURSEMENTS	for each of Detailed S	category of the Summary Page		X	21b 27	22 28a	_	23 28	b	2	24 28c	В	25 29	
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														S
	NAME OF COMMITTEE (In Full)  VOTEVETS	c and address	ss of any political				onon cor	itibu	tions	3 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.011111	milec	
<u></u>	Full Name (Last, First, Middle Initial) Evans & Katz LLC										D3 ment		81		
	Mailing Address 1831 Bay Street, SE						o <sup>M</sup> 8	3 M	/	<sup>D</sup> 0	<b>3</b>	Y	ž	0 0 9	9 <sup>Y</sup>
	City Washington	State DC	Zip Code 20003				Amo	ount o	of Ea	ach	Disbu	urse	men	t this f	Period
	Purpose of Disbursement Accounting Services			Г									2	33.75	5
	Candidate Name				ateg Typ										
	Senate President	ement For: Primary Other (spe	General cify) ▼												
_	State: District:														
	Full Name (Last, First, Middle Initial) Brandon Friedman				Date	of D		urse	D3 ment						
	Mailing Address 4975 Morris Ave. Apt 3343						o <sup>M</sup> 7	7 M	<u></u>	<sup>D</sup> 1	<b>4</b>	L	ž	o ŏ s	9 <sup>*</sup>
	City Addison						Amo	ount o	of Ea	ach	Disbu	urse	men	t this f	Period
	Purpose of Disbursement Salary	70001	Г									2	25.00	)	
	Candidate Name				ateg Typ										
	Senate President	ement For: Primary Other (spe	General cify) ▼												
	State: District: Full Name (Last, First, Middle Initial)						Trar	sact	tion	ID:	D3	796	94		
	Brandon Friedman							of C			ment	: ' Y	Ý	0 ŏ s	a <sup>Y</sup>
	Mailing Address 4975 Morris Ave. Apt 3343											_			
	City Addison	State TX	Zip Code 75001				Amo	ount o	of E	ach	Disbu	urse	men	t this f	Period
	Purpose of Disbursement Salary						L					0	2	25.00	)
	Candidate Name				ateg Typ										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼												
_	State: District:														
١,	UBTOTAL of Disbursements This Page (optional)					•							68	33.75	5

IT	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)  VOTEVETS			
۸.	Full Name (Last, First, Middle Initial) Peter Granato			Transaction ID: D379691 Date of Disbursement  0 7 1 4 2 0 0 9
	Mailing Address 1701 16th Street NW Apt. 704			07 14 2009
	City Washington	State Zip Code DC 20009		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name		Category/	242.35
		ement For: Primary General Other (specify)	Type	
 B.	Full Name (Last, First, Middle Initial) Peter Granato			Transaction ID: D379692 Date of Disbursement
	Mailing Address 1701 16th Street NW Apt. 704		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & O & Q \\ Y & 2 & O & O & Q \end{bmatrix} $	
	City Washington	State Zip Code DC 20009		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name		Category/	242.35
	Office Sought:    House   Disburs	ement For: Primary General Other (specify)	Туре	
	Full Name (Last, First, Middle Initial) Les MacDonald			Transaction ID: D379685 Date of Disbursement
	Mailing Address One Caryl Lane			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 2 \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 9 \\ 2 & 0 & 9 & 9 \end{bmatrix}$
	City Philadelphia	State Zip Code PA 19118		Amount of Each Disbursement this Period
	Purpose of Disbursement Strategic Management Services Candidate Name		Category/ Type	600.00
	Office Sought:    House   Disburs	ement For: Primary General Other (specify)		
Г	otato. Diotriot.			

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 15 / 19				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		☐ 24 ☐ 25 ☐ 26				
	Detailed Summary Page	27	28a 28b	28c 29 30b				
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)	, рошин							
VOTEVETS								
Full Name (Last, First, Middle Initial)			Transaction ID:					
Les MacDonald			Date of Disburs					
Mailing Address One Caryl Lane			0 7	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$				
City Philadelphia	State Zip Code PA 19118		Amount of Each	Disbursement this Period				
Purpose of Disbursement	1777	•		600.00				
Strategic Management Services  Candidate Name		Cotegory						
Candidate Name		Category/ Type						
	ement For:							
Senate President	Primary General Other (specify) ▼							
State: District:	•							
Full Name (Last, First, Middle Initial) Brian McGough			Transaction ID: Date of Disburse					
			M M / D	4 2009				
Mailing Address 43190 Arbor Greene Wa	Mailing Address 43190 Arbor Greene Way							
City Ashburn	State Zip Code VA 20148		Amount of Each	Disbursement this Period				
Purpose of Disbursement	20140		150.00					
Salary Candidate Name		Catagory						
		Category/ Type						
Office Sought: House Disburse Senate	ement For:    Primary   General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Brian McGough			Transaction ID: Date of Disburs					
Mailing Address 43190 Arbor Greene Wa	у		07	$\begin{bmatrix} 0 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 &$				
	State Zip Code		Amount of Each	Disbursement this Period				
	Ashburn VA 20148							
Salary	Purpose of Disbursement Salary							
Candidate Name		Category/ Type						
Office Sought: House Disburse	ement For:	. 760						
Senate President	Primary General Other (specify)							
State: District:	□ Caron (opcomy) ▼							
SUBTOTAL of Disbursements This Page (optional)				900.00				

TOTAL This Period (last page this line number only) ......

Transaction ID: D379689   Date of Disbursement Salary   Category   Type		DULE B (FEC Form 3X)	Use separate schedul	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 19			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee \ NAME OF COMMITTEE (In Full) \[ VOTEVETS \]  Full Name (Last, First, Middle Initial) Peter Mellman  Mailing Address 1425 NW 19th Ave #11  City State Zip Code Purpose of Disbursement Salary  Candidate Name  Office Sought: House Braid Disbursement Salary  Candidate Name  Office Sought: State Zip Code Primary General Other (specify) ▼  Transaction ID: D379689 Date of Disbursement this Pt  Amount of Each Disbursement this Pt  Transaction ID: D379690 Date of Disbursement ID: D379690 Date of Disbursement  Transaction ID: D379690 Date of Disbursement  Transaction ID: D379690 Date of Disbursement  Office Sought: House Braid Disbursement  Office Sought: Primary General Other (specify) ▼  Transaction ID: D379680 Date of Disbursement this Pt  Transaction ID: D379680 Date of Disbursement  Transaction ID	ITEMIZ	ED DISBURSEMENTS			X 21b	22 23		
Peter Mellman  Mailing Address 1425 NW 19th Ave #11  City Portland OR 97209  Office Sought: House President State Zip Code Orthor (specify) ▼  City Portland OR 97209  Office Sought: House President Ofther (specify) ▼  Category/ Candidate Name  Office Sought: House President Ofther (specify) ▼  Category/ Candidate Name  Office Sought: Senate President Ofther (specify) ▼  Category/ Candidate Name  Office Sought: House Senate Primary General Primary General Primary General Primary General Ofther (specify) ▼  Category/ Candidate Name  Office Sought: House Senate President Ofther (specify) ▼  Category/ Candidate Name  Office Sought: House Senate Primary General Ofther (specify) ▼  Category/ Category/ Type  Office Sought: House Senate Primary General Ofther (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Ofther (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Ofther (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Ofther (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Ofther (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Ofther (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Ofther (specify) ▼  Senate President Sitate Disbursement This Page (optional) Frimary General Ofther (specify) ▼  Sought State Senate President Sitate Senate Primary General Ofther (specify) ▼  Sought State Senate President Sitate Senate Sen	or for com	mercial purposes, other than using the nar OF COMMITTEE (In Full)						
City Portland Portland Purpose of Disbursement Salary Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) Peter Mellman  Mailing Address #11  City Portland Office Sought:  Full Name (Last, First, Middle Initial) Peter Mellman  Mailing Address #11  City Portland OR 97209  Office Sought:  Full Name (Last, First, Middle Initial) Peter Mellman  Mailing Address #11  City Portland OR 97209  Office Sought:  Full Name (Last, First, Middle Initial) Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) Oxford Health Insurance Co.  Mailing Address  City President State:  District:  Full Name (Last, First, Middle Initial) Oxford Health Insurance Co.  Mailing Address  Zip Code AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  City Princepix AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  City Princepix AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  City Princepix AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  Category/ Type  Transaction ID: D379680 Date of Disbursement AZ 85004-1121  Amount of Each Disbursement this Peter Security  Amount of Each Disbursement His Peter Security  Category/ Type  Transaction ID: D379680 Date of Disbursement His Peter Security  Amount of Each Disbursement	Peter	Mellman  Address 1425 NW 19th Ave				Date of Disbu	ursement	89 2 0 0 9
Category/ Type  Office Sought: House Prisident President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Peter Mellman  Mailing Address 1425 NW 19th Ave #11  City State Zip Code Primary General Office Sought: House Primary General Office Sought: President State: District:  Full Name (Last, First, Middle Initial) Peter Mellman  Mailing Address 1425 NW 19th Ave #11  City State Zip Code OR 97209  Amount of Each Disbursement For: Primary General Office Sought: House Primary General Other (specify) ▼  Category/  Category/ Type  Transaction ID: D379680 Date of Disbursement Hor: Primary General Office Sought: Note of Disbursement For: District: District: AZZ 85004-1121  Purpose of Disbursement Health Insurance Co.  Mailing Address 2721 N Central Ave  City State Zip Code AZZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Substotal of Disbursement For: Senate Primary General Other (specify) ▼  Substotal of Disbursement This Page (optional) Mailing Address Senate Primary General Other (specify) ▼  Substotal of Disbursements This Page (optional) Mailing Address Disbursement This Page (optional) Maili	Portla	nd		1		Amount of Ea	ach Disburser	
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Peter Mellman  Mailing Address 1425 NW 19th Ave #11  City State Zip Code Portland OR 97209  Purpose of Disbursement Salary Candidate Name  Office Sought: House Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Oxford Health Insurance Co.  Mailing Address 2721 N Central Ave  City State Zip Code Other (specify) ▼  Transaction ID: D379680 Date of Disbursement  Transaction ID: D379680 Date of Disbursement  Office Sought: State Zip Code Other (specify) ▼  City State Zip Code Other (specify) ▼  City State Zip Code Other (specify) ▼  City State Zip Code AZ 85004-1121  Purpose of Disbursement Health Insurance Co.  Category' Type  Category' Type  Office Sought: House Other (specify) ▼  State Zip Code AZ 85004-1121  Purpose of Disbursement Health Insurance Co.  Category' Type  Amount of Each Disbursement this Period (last Name Other (specify) ▼  Amount of Each Disbursement this Period Other (specify) ▼  Subtotal of Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursement This Page (optional)	Candio							
Peter Mellman  Mailing Address 1425 NW 19th Ave #11  City #11  Category/ Candidate Name  Office Sought: House Senate Primary Other (specify) ▼  City Phoenix Az 85004-1121  Purpose of Disbursement  City Phoenix Az 85004-1121  Purpose of Disbursement  Category/ Type  City State Zip Code Az 85004-1121  Purpose of Disbursement this Peter Candidate Name  City Phoenix Az 85004-1121  Purpose of Disbursement this Peter Category/ Type  City State Category/		Senate President	Primary Gene	ral				
#11 City		,				Date of Disbu	ursement	
Portland OR 97209  Purpose of Disbursement Salary Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Oxford Health Insurance Co.  Mailing Address 2721 N Central Ave  City State Zip Code AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State Zip Code AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional) ★  812.46  TOTAL This Period (last page this line number only) ★								
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Oxford Health Insurance Co.  Mailing Address 2721 N Central Ave  City State Zip Code AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional) ★  TOTAL This Period (last page this line number only) ★  Type  Office Sought: House Senate Primary General Other (specify) ▼  SUBTOTAL This Period (last page this line number only) ★  TOTAL This Period (last page this line number only) ★  Pisbursement For: Senate Primary General Other (specify) ▼  SUBTOTAL This Period (last page this line number only) ★  STATE Type  Transaction ID: D379680  Date of Disbursement  Transaction ID: D379680  Date of Disbursement  Type  Amount of Each Disbursement this Period (last page this line number only) ★  SUBTOTAL This Period (last page this line number only) ★	Purpos Salary	se of Disbursement				Amount of Ea	ach Disburser	
Oxford Health Insurance Co.  Mailing Address 2721 N Central Ave  City State Zip Code Phoenix AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)   Total This Period (last page this line number only)	Office	Sought: House Disburs Senate President	Primary Gene					
Mailing Address 2721 N Central Ave  City State Zip Code Phoenix AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  Office Sought: House Primary General Primary General Other (specify) ▼  Substotal of Disbursements This Page (optional) ■  TOTAL This Period (last page this line number only) ■  10 7 3 0 2 0 0 9  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■  Amount of Each Disbursement this Period (ast page this line number only) ■						Date of Disbu	ursement	
Phoenix AZ 85004-1121  Purpose of Disbursement Health Insurance Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)	Mailing	Address 2721 N Central Ave				0 7	30 /	2009
Health Insurance Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)	Phoer			21		Amount of Ea	ach Disburser	
Senate Primary General Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)   TOTAL This Period (last page this line number only)   812.46	Health	Insurance						£12.4U
SUBTOTAL of Disbursements This Page (optional)   TOTAL This Period (last page this line number only)   **B12.46**  **B12.46**		Senate President	Primary Gene	ral				
· · · · · · · · · · · · · · · · · · ·			·		<b>&gt;</b>			812.46
E6AN026 FEC Schedule B ( Form 3X) (Revi		This Period (last page this line number only	·)		<b>&gt;</b>	FF2 2 :	July B / E	. 000 (= :

В.

# **SCHEDULE B (FEC Form 3X)**

Senate

District:

President

FOR LINE NUMBER: PAGE 17/19 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) VOTEVETS Full Name (Last, First, Middle Initial) Transaction ID: D379683 Jonathan Soltz Date of Disbursement 14 o<sup>™</sup> 7 2009 Mailing Address 5290 Duke Street City State Zip Code Amount of Each Disbursement this Period Alexandria VA 22304 467.35 Purpose of Disbursement Salary Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: D379684 Jonathan Soltz Date of Disbursement o<sup>M</sup>7 3 0 2009 Mailing Address 5290 Duke Street City State Zip Code Amount of Each Disbursement this Period 22304 Alexandria VA 467.35 Purpose of Disbursement Salary Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	934.70
TOTAL This Period (last page this line number only)	<b></b>	6659.77

Primary

Other (specify)

State:

В.

District: 08

ago,, 10000021100		
SCHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 18 / 19
ITEMIZED DISBURSEMENTS	for each category of the	ck only one)  11b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) VOTEVETS	•	
Full Name (Last, First, Middle Initial) ANTHONY WOODS FOR CONGRESS  Mailing Address P.O. Box 28		Transaction ID: D379678 Date of Disbursement  M M M / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code	Amount of Each Disbursement this Period
Fairfield	CA 94533	
Purpose of Disbursement Contribution		2000.00
Candidate Name Anthony Woods	Category Type	y/
Office Sought: X House Disburse Senate President X	ment For: 2009 Primary General Other (specify)	
State: CA District: 10 Special		
Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS		Transaction ID: D379682 Date of Disbursement
Mailing Address PO Box 868		08 11 1 2 2009
City Levittown	State         Zip Code           PA         19058-0868	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		1000.00
Candidate Name Patrick Murphy	Category Type	y/
, <u>x</u>	ment For: 2010 Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	<b>•</b>	3000.00

State: PA

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 19/19
TEMIZED DISBURSEMENTS	for each category of the	(check only one)	
TEMPLES SIGNOTION TO	Detailed Summary Page	21b 22	23 24 25 26
		27 X 28a	28b 28c 29 30b
Any Information copied from such Reports and Stateme	,		S .
or for commercial purposes, other than using the name	and address of any political com-	nittee to solicit contribut	ions from such committee
NAME OF COMMITTEE (In Full)			
VOTEVETS			
Full Name (Last, First, Middle Initial)		Transacti	ion ID: D394280
Michael Urbanski			isbursement
			<sup>/</sup> 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 65 Old Solomons Road		0 7	20 2009
City	State Zip Code	Amount o	f Each Disbursement this Period
Annapolis	MD 21401		
Purpose of Disbursement			1155.00
Refund			
Candidate Name	Ca	tegory/	
	1	уре	
Office Sought: House Disburse	ment For:		
Senate	Primary General		
President	Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	1155.00
TOTAL This Period (last page this line number only)	•	1155.00